



High Quality
Patient Centered
Cost-Effective Health Care

From Dr. Katz

A Message From the Director

It was so exciting to be attending on the inpatient medicine service at Harbor General Hospital prior to, and the day of the ORCHID GO-LIVE.



I had deliberately chosen these two weeks for my time on the wards because I wanted to be available to help with any last minute problems. But in fact my help was not needed. Both the ORCHID staff and the hospital staff rose to the occasion brilliantly.

During the time right before the implementation, I saw excitement rather than fear. At one point, I heard a nurse on the ward say, "I can't wait for ORCHID to start." And when it did start, according to a physician that I had spoken with who has spent the last 12 years helping systems to implement electronic health records, it was the smoothest implementation she had ever seen.

Now, of course, there have been bugs to work out. But staff at Harbor has been great at identifying the problems in real time and working with the ORCHID team to fix them. This is the first time we have had an entire hospital (inpatient, outpatient, pharmacy, laboratory, medicine, nursing, etc.) function on one integrated system and soon it will be the system for all of DHS. I couldn't be prouder of the success of Harbor and ORCHID staff.

And it was also nice to reconnect with staff at the hospital and do what I like best — taking care of patients.



ORCHID Go-Live a Success

By Michael Wilson

Leaders at Harbor-UCLA Medical Center and the Wilmington and Long Beach Health Clinics are celebrating a successful 'go-live' on Oct. 31

and major step toward system-wide adoption of the ORCHID electronic health record platform.

The rollout to DHS facilities will continue through 2016.

With the adrenaline-pumping "I Gotta Feeling Tonight's Gonna Be a Good Good Night" playing in the Mission Control room, the switch was pulled at 11 PM that turned on ORCHID and

turned off the legacy Affinity and Wellsoft systems. For many on duty that night, the overhead announcement confirming the switch felt like a rite of passage to a new era of health care.

With help from teams of super-users, providers in all clinical areas were documenting in the system within minutes.

"I credit the work of our DHS ORCHID team members including the physicians, nurses, clini-

cians, and others who took ownership of this project and made it the success that we have today," said DHS chief information officer Kevin Lynch.

"Going live with ORCHID at Harbor is not a finish line. It marks the beginning of the work effort needed to establish our enterprise clinical care system." ORCHID creates a single health record for every patient that is accessible wherever the patient seeks care. Providers can submit elec-



"The ORCHID go-live marks the beginning of the work effort needed to establish our enterprise clinical care system."

Kevin Lynch,
DHS Chief Information Officer

tronic pharmacy orders, access decision-support tools to optimize care, and gain an instant view of the patient's medical history including labs and medications onscreen.

Wireless sharing of information between patient devices like infusion pumps and the new system gives providers greater flexibility and much more information at their immediate disposal.

ORCHID will reduce service

(See 'ORCHID' on back)



Olive View Doctor Returns from Ebola Front Lines

By Michael Wilson

Where many would fear to tread, Dr. Suzanne Donovan digs in to do the messy work of infectious disease control when outbreaks turn to global threats. It's a fact of living in a modern, connected world and a chance to do the work that drove her to medicine in the first place. Donovan recently returned from a month in Sierra Leone, West Africa, where she was part of an effort by the World Health Organization (WHO) to advise local health officials on how to protect health care workers from contracting the deadly Ebola virus. The aim was to help bolster a fragile medical infrastructure that is woefully inadequate to control the epidemic: too few beds, poor infection control measures, and shortages of basic supplies like masks and disinfectant.

(See 'EBOLA' on back)

(‘EBOLA’)



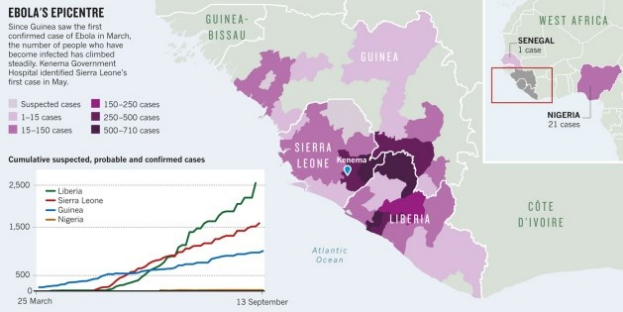
Kenema Government Hospital, Sierra Leone

Ebola is a rare but deadly disease caused by infection with one of the Ebola virus strains that researchers believe is borne by bats. Discovered in 1976, outbreaks have appeared sporadically in Africa. Experimental drugs are in development, but there is no vaccine or antiviral drug to treat it. The virus is transmitted through bodily fluids, and incubation can take up to three weeks before symptoms show. Donovan was stationed at Kenema Government Hospital where much of the hospital’s nursing leadership had been infected with Ebola and died, so the hospital was primarily staffed by WHO volunteers. “All the senior nurses had died, so you had much younger and inexperienced nurses caring for patients without adequate training and protection, putting themselves and their families at risk,” she says. Preventing spread of Ebola in West Africa shows the complex intersection of modern medicine and cultural traditions. While sophisticated epidemiological tracking methods from abroad can help isolate infection sources, health workers on the ground face the daunting task of educating the public about disease transmission and changing long-held customs, like burial rituals, that can fuel spread of the disease. Images of West African health care providers using trash bags to cover their shoes and faces as protective gear show the extent of how third world countries lag in the proper containment of infectious disease. And Ebo-

la isn’t the only disease in West Africa that health experts are worried about. The region is endemic with Tuberculosis and Malaria that have similar symptoms. While stationed at Kenema, Donovan helped triage patients coming in with a variety of illnesses. Everyone was sensitive to Ebola exposure, but other serious diseases affect the population.

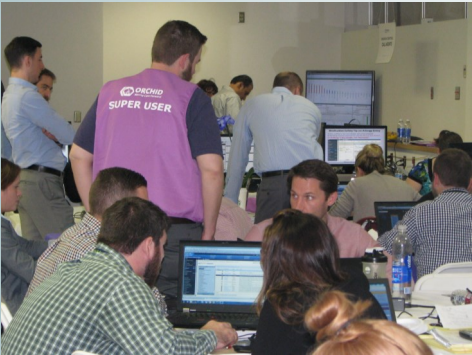
“Because of the focus on Ebola, the real untold story is what’s happened as the health system there has imploded and children and adults with other illnesses aren’t getting the care they need. One of the ironies I

saw was patients presenting with Ebola-like symptoms that were immediately sent to an Ebola isolation ward with others before they tested positive for infection, placing them at high risk for catching the disease. It’s was a heartbreaking thing to witness as an infectious disease physician.” Widespread fear of going to a hospital where Ebola patients are being treated means patients with chronic diseases are not seeking or getting the regular care they need, further burdening a health system on the verge of collapse. What is needed most critically are trained and experienced health care workers, more hospital beds, and the resources to combat diseases like malaria that are causing high rates of illness and mortality. An Ebola vaccine would be a positive step, but is not the most immediate need. “Vaccines are an American solution to an African problem,” she says.



(‘ORCHID’)

duplication, improve patient safety, facilitate billing, and enhance collection of quality and performance data. “This launch was successful due to the high level of planning, preparation, and coordination of DHS and our ORCHID team, and now we need to keep the momentum going,” added DHS chief medical information officer Robert Bart, MD. The MyWellness portal that is accessible from the DHS website allows patients to securely access their medical record online to request appointments, get lab results, communicate with their provider, view medications, and stay more engaged in their health. The ORCHID implementation is being supported by investment in new hardware



including tablets and laptops. The Martin Luther King, Jr. Outpatient Center and Dollarhide and Humphrey Health Clinics will go-live on February 1.

Rancho Recognized for Reducing Pressure Ulcers

Rancho Los Amigos National Rehabilitation Center was recognized by the Collaborative Alliance for Nursing Outcomes (CALNOC) last month for performance excellence in preventing Hospital Acquired Pressure Ulcers (HAPUs). CALNOC annually recognizes hospitals for exemplary work in reducing hospital acquired conditions. “Our goal is to achieve zero hospital acquired ulcers,” said Rancho chief executive Jorge Orozco, “and this award is validation of our hard work to meet that goal. We have implemented many changes including new interventions, training, and changes in service.” CALNOC created the first nursing database registry of nursing sensitive indicators and is the measure developer for the National Quality Forum Pressure Ulcer and Restraint Use prevalence measure for acute care. CALNOC is the nation’s only nurse sensitive registry managed, operated and designed by nursing. Among other efforts, Rancho requires that all newly admitted patients’ skin assessments be completed by two nurses for accurate reporting and conducts quarterly pressure ulcer prevalence studies. CALNOC presents awards for prevention of injury falls, hospital-acquired pressure ulcers and hospital acquired infections in the performance excellence category. Membership is comprised of hundreds of hospitals across the United States.

My Health LA Launches

The My Health LA coverage program launched Oct. 1 and replaces the former Healthy Way L.A. Unmatched program. The program is targeted to the residually uninsured. Enrollees must select a medical home at one of the County’s community partner clinics. Covered services include primary care, specialty care, inpatient, behavioral health and pharmacy services. Enrollees can access a member services call center with questions and will receive regular health and wellness newsletters. Officials expect the new program to improve health and reduce emergency room utilization by requiring enrollees to seek ongoing care in a primary care home. Approximately 20,000 people have enrolled to date.



And One More Thing...



DHS Deputy Director of Strategic Planning Dr. Christina Ghaly joined SEIU 721 Chief of Staff Gilda Valdez, Public Health Officer

Dr. Jeffrey Gunzenhauser, and Mental Health Director Marvin Southard at a press conference at LAC+USC Medical Center last month to share the County’s Ebola preparedness efforts. There are no suspect or confirmed cases of Ebola in Los Angeles County. Labor leaders praised collaboration with DHS to work together to educate and train front-line healthcare workers to care for Ebola patients.

FAST FACTS From Dr. Katz

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